

INLAND COUNTIES EMERGENCY MEDICAL AGENCY



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DATE: December 10, 2008

TO: All ICEMA EMS System Participants

FROM: Virginia Hastings
Executive Director

SUBJECT: ELIMINATION OF EMERGENCY DEPARTMENT DIVERSION

Attached is the revised Reference 14010, **SAN BERNARDINO COUNTY REQUEST FOR DIVERSION POLICY**, which becomes effective on January 5, 2009 at 08:00 a.m.

Please circulate this policy widely.

A separate memo will be sent to hospitals shortly describing utilization of the Alert 1 and Alert 2 capabilities on Reddinet.

ICEMA will be monitoring bed delays closely and will begin distribution of bed delay reports for each hospital in January 2009. Bed delay reports will reflect the information entered into the e-PCR indicating the date and time of transfer of patients from 9-1-1 units to hospitals. Bed delay hours for those providers who have not completed the transition onto the EMS MISS system will be reflected as soon as we complete the transition, anticipated to be early February 1, 2009.

If you have any questions or concerns, please contact me at (909) 388-5830. Thank you.

VH/jch

SAN BERNARDINO COUNTY REQUESTS FOR HOSPITAL DIVERSION POLICY

PURPOSE

To define policy and procedures for hospitals to request temporary diversion of Advanced Life Support (ALS) Ambulances.

AUTHORITY

Health and Safety Code, Division 2.5, Chapter 6, Section 1798(a), 1798.2, 1798.102; California Code of Regulations (CCR), Title 22, Division 9, Chapter 4, 100169.

PRINCIPLES

- A request for diversion of Advanced Life Support (ALS) ambulances should be a temporary measure.
- Final authority relating to destination of ALS ambulances rests with the base hospital physician.
- The approved EMS system diversion policy applies to the 9-1-1 emergency system and is not intended for utilization to determine destination for interfacility transports, including higher level of care transports.
- A hospital's request to divert in the approved categories shall be made by the emergency department attending physician or by the trauma surgeon for trauma hospital diversion, in consultation with the hospital CEO or delegated responsible administrative representative. The consultation with the administrative officer must be documented and available for review.
- Hospitals must maintain a hospital diversion policy that conforms to the ICEMA Diversion Protocol. The policy should include plans to educate all appropriate staff on proper utilization of diversion categories, internal procedures for authorizing diversion, and procedures for notification of system participants.
- ICEMA may perform unannounced site visits to hospitals on temporary diversion status to ensure compliance with the ICEMA Diversion Policy.
- ICEMA may randomly audit base hospital records to ensure diverted patients are transported to the appropriate destination.
- When possible, ICEMA staff will contact the hospital to determine the reasons for internal disaster diversion.

- ICEMA reserves the right and responsibility to advise any hospital that the diversion is not appropriate for a 9-1-1 system and may remove the hospital from diversion through the Reddinet.

POLICY:

A request for diversion of ALS ambulances may be made for the following approved categories:

1. Neuro/CT Diversion:

(DOES NOT APPLY FOR TRAUMA CENTERS FOR TRAUMA DIVERSION)

The hospital's CT scanner is not functioning and, therefore, is not the ideal destination for the following types of patients:

- New onset of altered level of consciousness for traumatic or medical reasons.
- Suspected stroke

2. Trauma Hospital Diversion (for use by designated trauma hospitals only):

The general surgeon for the trauma service and other designated trauma team resources are fully committed and are NOT immediately available for incoming patients meeting approved trauma triage criteria.

- The request for trauma diversion should only be applicable if the general surgeon and back-up general surgeon are committed. The ability to request trauma hospital diversion can not be used in cases of temporary unavailability of subspecialists.
- **WHEN ALL DESIGNATED TRAUMA HOSPITALS ARE ON TRAUMA DIVERSION, TRAUMA CENTERS SHALL ACCEPT ALL TRAUMA PATIENTS. Designated trauma hospitals may not divert patients meeting trauma triage criteria to a non-designated hospital except in instances of Internal Disaster Diversion.**

3. Internal Disaster Diversion:

Requests for Internal Disaster Diversion shall apply only to physical plant breakdown threatening the emergency department or significant patient services.

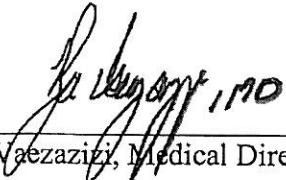
Examples of internal disaster diversion include bomb threats, explosions, power outage and a non-functional generator, fire, earthquake damage, hazardous materials exposure, incidents involving the safety and/or security of a facility.

INTERNAL DISASTER DIVERSION SHALL NOT BE USED FOR STAFFING ISSUES.

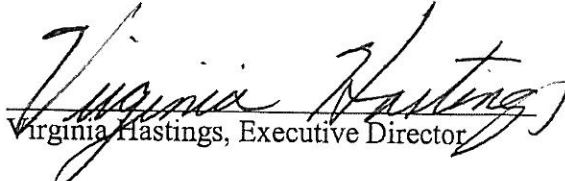
- Internal Disaster Diversion shall stop all 9-1-1 transports into the facility.
- The hospital CEO or AOD shall be notified and that notification shall be documented in the Reddinet.
- If the hospital is also a designated base hospital, the hospital should consider immediately transfer of responsibility for on-line control to another base hospital based upon prearranged written agreement and notification to the 9-1-1 provider.
- Internal disaster diversion status shall be entered immediately into the Reddinet.
- If capability exists, hospital shall notify all primary 9-1-1 dispatching agencies.
- Within 72 hours, hospital shall advise ICEMA and the State Department of Health Services in writing (e-mail is acceptable) of the reasons for internal disaster and how the problem was corrected. The written notification shall be signed by the CEO or delegated responsible individual.

EXCEPTIONS TO NEURO AND TRAUMA DIVERSION ONLY:

- Basic Life Support (BLS) ambulances shall not be diverted.
- Ambulances on hospital property shall not be diverted.
- Patients exhibiting unmanageable problems, e.g., unmanageable airway, uncontrolled hemorrhage, cardiopulmonary arrest, in the field shall be transported to the closest emergency department regardless of diversion status.



Reza Vaezazizi, Medical Director



Virginia Hastings, Executive Director